

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF February 2013

Date: March 1, 2013

CONTRACTOR: PER, Inc.

ADDRESS: 378 North School Street, #200

City, State ZIP: Honolulu, HI 96817

Contract No. 61503 ☒

DAGS Job No. 12-20-2597

PROJECT TITLE: **DIAMOND HEAD HEALTH CENTER AIR CONDITIONING SYSTEM IMPROVEMENTS**

CONTRACT

Basic Contract Amount \$ 1,572,500.00

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER ☐ COMMENCEMENT REQUIREMENTS

DUE MONTHLY: ☐ PROJECT SCHEDULE

☒ DAILY REPORTS ☒ PAYROLL AFFIDAVIT

MONTHLY ESTIMATE CHECKLIST ☒ CONTRACT NUMBER

☒ PROJECT NAME AND LOCATION ☐ ALL SIGNATURES

SPECIALTY / MISC: ☐ PROJECT ACCEPTANCE

☐ AIR COND & PAINT ACPT DONE

CHANGE ORDERS

Total \$ -

Adjusted Contract Amount \$ 1,572,500.00

WORK ACCOMPLISHED

Basic Contract

Change Order

Total

Completed to Date 9.12% \$ 143,373.00

#DIV/0! \$ - \$ 143,373.00

Retained **REDUCED** ☐ \$ 14,278.00

\$ - \$ 14,278.00

Amount Subject to Payment \$ 129,095.00

\$ - \$ 129,095.00

Payments to Date \$ 49,082.00

\$ - \$ 49,082.00

Payments Now Due \$ 80,013.00

\$ - **\$ 80,013.00**

Payment No. **FINAL** ☐ 2

Remarks:

1. Computed and Checked by:

Lama H. Fukuda 03/05/2013
3. Recommended: Project Inspector or Engineer Date:

N. Ullie 03/05/2013
4. Recommended: Area Engineer/Architect Date:

Clyde K. Kaula MAR 6 2013
5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.

Jim P. Pato MAR - 6 2013
State Public Works Administrator Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii.

PER, INC

Name of Contractor

[Signature] MAR - 4 2013
By signature / Title: Yum Vo, Project Manager Date:

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

Department of Accounting and General Services
Division of Public Works

For the Month of: February 2013

CONTRACTOR: PER, Inc.

Contract No.: 61503

PROJECT TITLE: DIAMOND HEAD HEALTH CENTER AIR CONDITIONING : DAGS Job No.: 12-20-2597

CLOSED								
	<u>PRIME CONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC CONTRACT AMOUNT</u>	<u>COMPL. TO DATE</u>	<u>% Cmpl</u>	<u>RETN %</u>	<u>CONTRACT AMOUNT RETAINED</u>
	PER, Inc.	General Contractor	ABC-23456	\$1,572,500	\$143,373	9.12%	5%	\$7,168

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
	Paul's Electrical	Electrical		\$143,700	\$14,000	9.74%	10%	\$1,400
	Akira Yamamoto	Painting		\$6,960		0.00%	10%	\$0
	Atlas Flooring	Resilient Tile Flooring		\$4,430		0.00%	10%	\$0
	PMJ Builders	Acoustical Tile		\$155,000		0.00%	10%	\$0
	Oahu Plumbing and Sheet	Sheet Metal, A/C & Vent		\$788,000	\$42,102	5.34%	10%	\$4,210
	Titan Industries	Demo, Asbestos, Lead		\$102,876	\$15,000	14.58%	10%	\$1,500
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
	Total Retained from Subs							\$7,110

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$14,278
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I certify that the above retentions are correct for this request.

PER, Inc.

Name of Contractor

Checked/Verified by: _____

Initial - Project Inspector or Engineer

By Signature

MAR - 4 2013

Date _____

NOTE:
Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 2

PROJECT TITLE: DIAMOND HEAD HEALTH CENTER - AIR CONDITIONING SYSTEM IMPROVEMENTS

BILLING MONTH: February-13

DAGS JOB NO.: 1 2-20-2597

CONTRACT NO.: 61503

CONTRACTOR: PER, INC

VENDOR CODE: 11269700

Original Contract Payment		Suffix: 1, 2, 3		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
01	B09-410M	\$ 91,708.00	\$ 11,695.00	\$ 80,013.00
Totals:		\$91,708.00	\$11,695.00	\$80,013.00

Change Order Payment		Suffix: 4		
Suffix	Fund Symbol	Amount Earned	Retainage	Amount Due
04	B11-410M	\$0.00	\$0.00	\$0.00
Totals:				
Grand Total:		\$91,708.00	\$11,695.00	\$80,013.00

Verified By J Xu

DATE 3/11/13

(This Section for Administrative Services Office Use Only)

Vendor Code 11269700

Cost Code 3A1

Voucher No. 3112N37

Verified By Per MAR 15 2013